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25943 7590 08/27/2004

SCHWABE, WILLIAMSON & WYATT, P.C.
PACWEST CENTER, SUITES 1600-1900
1211 SW FIFTH AVENUE
PORTLAND, OR 97204

09/14/2004 RMEBRAH1 00000137 09884312

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<i>Heather L. Adamson</i>	(Depositor's name)
<i>Heather L. Adamson</i>	(Signature)
09/08/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09884312	06/18/2001	Richard B. Keller	109897-129946	4827

TITLE OF INVENTION: FAST CYCLIC REDUNDANCY CHECK (CRC) GENERATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	-NO YES	\$1330 <i>plus 5</i>	\$0	\$1330 <i>plus 5</i>	11/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRIMMINGS, JOHN P	2133	714-757000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1 SCHWABE, WILLIAMSON

2 & WYATT, P.C.

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Network Elements, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Beaverton, OR

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Nathan R. Maki*

Date **09/08/2004**

Typed or printed name **Nathan R. Maki**

Registration No. **51,110**

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/884,312
		Filing Date	06/18/2001
		First Named Inventor	Richard B. Keller
		Art Unit	2133
		Examiner Name	Trimmings, John P.
Total Number of Pages in This Submission		Attorney Docket Number	109897-129946

ENCLOSURES (Check all that apply)

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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	SCHWABE, WILLIAMSON & WYATT, P.C.
Signature	
Date	09/08/2004

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Typed or printed name	Heather L. Adamson		
Signature		Date	09/08/2004

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